

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* Defendant City of Hammond, Indiana
was received by me on *(date)* OCT 4 2010

☐ I personally served the summons on the individual at *(place)* _____
on *(date)* OCT 5 2010 ; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* William O'Connor, Corporatation Counsel, who is
designated by law to accept service of process on behalf of *(name of organization)* Defendant City of Hammond,
Indiana, Certified Mail, Return Receipt Requested on *(date)* 10-6-2010 ; or

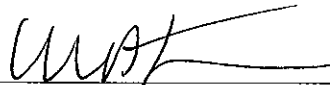
☐ I returned the summons unexecuted because _____ ; or

☐ Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00

I declare under penalty of perjury that this information is true.

Date: OCT 5 2010



Server's signature

Mitchell A. Peters, #6560-45, Atty for Plaintiffs

Printed name and title

8927 Broadway
Merrillville, IN 46410
Telephone: (219) 769-0783

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark
Here

Sent To City of Hammond, Indiana
% William O'Connor, Corp. Counsel
5925 Calumet Avenue
Hammond, IN 46320
City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Hammond, Indiana
 % William O'Connor, Corp. Counsel
 5925 Calumet Avenue
 Hammond, IN 46320

COMPLETE THIS SECTION ON DELIVERY

A. Signature x P. Morawski ☐ Agent
☐ Addressee

B. Received by (Printed Name) P. Morawski C. Date of Delivery 10/10/10

D. Is delivery address different from item 1? ☐ Yes
 If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7007 3020 0003 2615 3487

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